



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)

HUOTARI et al.)

Unit 3732

Application Number: 10/575,956)

Examiner

Hao D. Mai

Filed: November 21, 2006)

For: DENTAL UNIT AND METHOD FOR)
FEEDING WATER)

ATTORNEY DOCKET NO. PLAN.0002)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	24	24	4 (Over 20)	x \$52	0
Independent Claims	2	2	(Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[x] Response to Office Action
(with Claim Election)
[] Substitute Abstract
[] Preliminary Amendment
[] Information Disclosure Statement

[x] Petition for Extension of Time for 2 months
[] Terminal Disclaimer
[] Letter to Draftsperson
[] Assignment
[] Other _____

- [] Please charge my Deposit Account Number _____ in the amount of _____ to cover the fees for _____.
- [x] Credit card information for **\$490.00** for the 2-month extension of time fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to Deposit Account Number 12-0555.

Respectfully submitted,

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